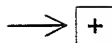


Please type a plus sign (+) inside this box



PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted With Initial Filing **OR** ☐ Declaration
Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 6033-12
First Named Inventor Barbara Paldus

COMPLETE IF KNOWN

Application Number /
Filing Date
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"LASER TUNING BY SPECTRALLY DEPENDENT SPATIAL FILTERING"

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

+

PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> OR		<input checked="" type="checkbox"/> Correspondence address below	
Name		Law Office of John Schipper					
Address		111 N. Market Street					
Address		Suite 808					
City			State		ZIP		
San Jose			California		95113		
Country		Telephone			Fax		
U.S.		(408) 293-9934			(408) 293-2183		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		BARBARA		Family Name		PALDUS or Surname	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Sunnyvale		CA		USA		Canada	
Mailing Address 1249 Lakeside Drive Apt. 2060							
Mailing Address							
City		State		ZIP		Country	
Sunnyvale		CA		94085		USA	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		JINCHUN		Family Name		XIE or Surname	
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Cupertino		CA		USA		China	
Mailing Address 19317 Sakura Way							
Mailing Address							
City		State		ZIP		Country	
Cupertino		CA		95014		USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>three</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box ➔



Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 3 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ROBERT		LODENKAMPER	
Inventor's Signature		Date	
Residence: City	Sunnyvale	State	CA
Country	USA	Citizenship	USA
Mailing Address 1614 Albatross Drive			
Mailing Address			
City	Sunnyvale	State	CA
ZIP	94087	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
DAVID M.		ADAMS	
Inventor's Signature		Date	
Residence: City	Ottawa	State	Ontario
Country	Canada	Citizenship	Canada
Mailing Address 203A Belmont Avenue			
Mailing Address			
City	Ottawa	State	Ontario
ZIP	K1S 0V9	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ERIC		CROSSON	
Inventor's Signature		Date	
Residence: City	Sunnyvale	State	CA
Country	USA	Citizenship	USA
Mailing Address 450 N. Mathilda Ave. # B 206			
Mailing Address			
City	Sunnyvale	State	CA
ZIP	94087	Country	USA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

SF 1156675 v1

Please type a plus sign (+) inside this box ➔ +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 4 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
ALEXANDER			KATCHANOV		
Inventor's Signature				Date	
Residence: City	Sunnyvale	State	CA	Country	USA
				Citizenship	Russia
Mailing Address 1273 Lakeside Drive Apt. 1145					
Mailing Address					
City	Sunnyvale	State	CA	ZIP	94085
				Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
GRZEGORZ			PAKULSKI		
Inventor's Signature				Date	
Residence: City	Woodlawn	State	Ontario	Country	Canada
				Citizenship	Canada
Mailing Address 124 Fireside Drive RR #1 Box 235					
Mailing Address					
City	Woodlawn	State	Ontario	ZIP	KOA 3M0
				Country	Canada
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
CHRIS W.			RELLA		
Inventor's Signature				Date	
Residence: City	Sunnyvale	State	CA	Country	USA
				Citizenship	USA
Mailing Address 1015 Mango Avenue					
Mailing Address					
City	Sunnyvale	State	CA	ZIP	94087
				Country	USA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

SF 1156675 v1

Please type a plus sign (+) inside this box →



Approved for use through 10/31/2002. OMB 0651-0032

U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 5 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
BRUCE A.		RICHMAN	
Inventor's Signature		Date	
Residence: City	Sunnyvale	State	CA
		Country	USA
Mailing Address 955 Azure Street Apt. 4			
Mailing Address			
City	Sunnyvale	State	CA
		ZIP	94087
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.
SF 1156675 v1

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002 OMB 0651-0035

U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PALDUS, ET AL.	Application Number	N/A
	Filing Date	Herewith
	First Named Inventor	Barbara Paldus
	Group Art Unit	N/A
	Examiner Name	N/A
	Attorney Docket Number	6033-12

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Herbert Burkard	24,500
John Schipper	26,994

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	LAW OFFICE OF JOHN SCHIPPER				
Address	111 N. Market Street				
Address	Suite 808				
City	San Jose	State	California	ZIP	95113
Country	U.S.A.				
Telephone	(408) 293-9934	Fax	(408) 293-2183		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Barbara Paldus
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 9 forms are submitted.

Burden Hour Statement This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231